

## Summary Minutes

Regular Meeting of the  
**Emergency Medical Services Regulatory Board**  
**Data Policy Standing Advisory Committee**  
**1 p.m., August 17, 2009**  
Conference Room A, 4<sup>th</sup> floor  
2829 University Ave. S.E., Minneapolis

### Members Present

Renee Donnelly  
Suzanne Gaines  
Matt Fisch (for Tom Fennell)  
Curtis Fraser  
Lee Pyles, M.D.  
Darel Radde  
Aarron Reinert  
Keith Zalewski

### Members Absent

James Aagenes  
Brenda Brown  
Tom Fennell  
Sen. Gary Kubly  
Dane Meyer (Resigned)  
Paul Satterlee, M.D.

### Guests

Clif Giese  
Matt Maxwell  
Leslie Seymour

### Staff

Katherine Burke Moore  
Melody Nagy  
Robert Norlen

## **I. Welcome and Introductions**

Mr. Norlen welcomed everyone to the meeting and explained that Ms. Brown is not able to be here today.

Mr. Norlen said that Leslie Seymour, Epidemiologist for the Minnesota Department of Health is our guest at the meeting today and she will be working on MNSTAR data quality issues in the future.

## **II. Approval of Agenda**

Mr. Radde moved approval of the agenda. Mr. Reinert seconded. Motion carried.

## **III. Approval of Minutes**

Mr. Radde moved to approve the February 9, 2009 minutes. Dr. Pyles seconded. Motion carried.

## **IV. Committee Resignation from Dane Meyer**

Mr. Norlen indicated that Dane Meyer has submitted his resignation to the committee. Ms. Burke Moore and the Board Chair will be working filling this position. The replacement should be announced at the September Board meeting.

## **V. Staff Report**

### **Data Requests (tab 1)**

Mr. Norlen said that this is a cumulative report for the year. He asked if there were any questions. Ms. Gaines asked if it was easy to compile the information for the trauma requests. Mr. Norlen responded that the information was compiled by provider impression and hospital destination. This information was provided to MDH to assist with legislative changes to Trauma System statutory language.

### **Provider Compliance Report**

Mr. Norlen said that the MNSTAR compliance report is provided. He said that he appreciated the emails received asking questions about the data. Dr. Pyles asked about Life Link's status. Mr. Norlen explained that Life Link has moved to new software package and they are having

problems with configuration of the software to meet Minnesota Submission requirements. These issues have led to compliance issues. Mr. Norlen said the EMSRB is taking corrective action with Life Link regarding the non-compliance issues. Mr. Norlen indicated Life Link is currently submitting test cases for file compliance review.

#### **Provider Impression Definitions**

Mr. Norlen said that at the last meeting we discussed developing a workgroup for reviewing definitions for provider impressions. Several people volunteered to participate. The National Association of State EMS Officials (NASEMSO) will also be discussing provider impressions and I will inform you of their conclusions. It was the consensus of the committee to wait on the provider impression definition work until the NASEMSO work has been completed.

#### **VI. RWJF Public health Practice-Based Research Networks Program**

Ms. Gaines said that this proposal was put forward by a group of state agencies and county organizations. She said that this would be a data quality study. She said that when we discuss this the committee can decide criteria for data quality. Ms. Gaines indicated she would like to see the Data Policy Committee make progress on data quality issues in Minnesota.

Dr. Pyles said that EMS for Children discussed NHTSA evidence based guidelines. Mr. Reinert said that he was familiar with this concept. Mr. Reinert said that NHTSA will be developing some grant opportunities for evidence based guidelines.

Mr. Norlen asked if the committee wants to discuss a proposal for gathering data. Ms. Gaines said that she has some data research help available from Dakota County and Ms. Seymour could explore this data related to trauma. She said it could be similar to the cardiac arrest data study.

Mr. Reinert said that we need to concentrate on key data elements. Ms. Gaines said that we need to set standards for ambulance services for the EMSRB to approve. Mr. Norlen said that he will need assistance to analyze the data and to move data quality improvement processes forward.

Ms. Gaines moved that the committee review data quarterly to make progress to make a better data quality system.(pick a topic for each meeting and review the data) Ms. Gaines suggested that the list of key focused elements be reviewed. Mr. Reinert seconded. Mr. Radde asked who will evaluate this data. Ms. Gaines said that she has some resources available and Mr. Held and Mr. Kinde support our efforts.

Mr. Reinert suggested looking at null values in the reports. Mr. Reinert suggested that the report include all fields and then the committee could decide what to focus on. This could be a strategic planning session. Ms. Gaines suggested that small work groups could work on the data. Mr. Radde asked about staff availability to compile these reports. Mr. Norlen indicated that staff time is limited, but would work to get the committee the data and information they need. Mr. Reinert said that staff needs to provide information to services on quality and completeness of the data and then somewhere down the line the EMSRB would decide on enforcement of data quality.

Mr. Fisch said that that we need to focus on the required fields and evaluate the data based on that. Dr. Pyles asked if there are still mapping errors. Mr. Norlen said that was an issue in the past, but all services are now submitting on the same data set. During our file review process we reviewed mapping issues carefully. Mr. Fisch said that when they review data they compare the narrative information to what is put in the report.

Mr. Radde said that in July 2010 there will be a requirement for trauma guidelines. He asked if the committee should focus on trauma data. He said that we need to provide information to all services on our results. Ms. Gaines agreed that it would be good to have a focus for the research. Mr. Norlen said that we will be reviewing data elements that are not required elements and will need to have a discussion on changing these to required elements for trauma reporting. We may have to make changes to the data dictionary sooner to collect the information needed. This will not be a significant cost to services because most services already collect these optional data elements. Mr. Radde said this research will provide information on what data elements are needed. Mr. Reinert said that whether an element is required or not is not important. We need to evaluate what is important and why it is important and show positive results.

Mr. Zalewski said that he would be in favor of limiting our discussion to required elements. Mr. Fisch said that there would be a cost in staff time to review changes in optional data elements. Mr. Fisch commented that Mr. Norlen must spend considerable time reviewing test cases. Mr. Norlen said that the education must come at the service level on why we need this information. Ms. Gaines asked for a report on the nulls and then apply the business logic to the report. Mr. Norlen said that he will be providing a report today on provider impression.

Mr. Norlen asked for a vote on the motion and repeated the motion that Ms. Gaines made.  
Motion carried.

Mr. Norlen asked Mr. Giese about North Memorial data collected to identify major trauma patients. Mr. Giese indicated Mr. Held asked for one day's data. Trauma calls for one day was one or two calls. We looked at provider impression of major trauma and transport by lights and siren. Mr. Giese said he has not heard back from Mr. Held regarding the data that was provided. Mayo was also asked to provide information. Mr. Fisch said that this would be based on three fields, provider impression, response from scene and destination. Mr. Maxwell said that they looked at data and received higher data rates based on limited information.

Mr. Norlen asked for specific element or value information to compile data. Mr. Giese asked about checking blood pressure and pulse. Mr. Reinert said that we are making this more complicated then we are ready for. Mr. Radde said that we need to work on provider impression first. Mr. Fisch suggested a report of all the null values and then focus specifically on trauma.

Mr. Norlen referred committee members to Tab 4. He said that early in 2007/2008 we looked at provider impression and provided information to services on their data quality. In 2008 the data improved. In 2009 we predict the data quality will improve more. Mr. Fisch asked for additional information. Mr. Norlen asked if we need to expand provider impression. Mr. Reinert asked for total number of calls per year. He said that we need to know the missing numbers to prove validity. These are better than national numbers.

Mr. Reinert provided information on the North Central Institute (Institute) on pay for performance. He said that one aspect is payment by Medicare for procedures performed. The institute studied data from three states. He said that the data collected showed poor results. He said that the Institute continues to work on this initiative on the national level. There are issues across the nation including significant mapping issues and compliance. We need to continue to study data at the local, state and national level.

Mr. Norlen asked if the committee wanted more information on provider impression from 2009. Mr. Fisch asked for information on all required elements, including null values that are submitted. Mr. Radde asked for information on provider impression, trauma, injury present, affected area,

cause of trauma and AVPU. Mr. Fisch asked for a report on all required fields and an expanded report on trauma. Mr. Radde suggested two different reports. He said he would also like to see trauma by Code-3. Mr. Fisch asked that business logic be compared on all reports. Mr. Radde said this should only be for 911 calls not inter-facility transports. Mr. Norlen said that he will share these reports with Mr. Radde and Mr. Fisch before they are brought to the committee.

## **VII. Data Quality Reports**

### **Cardiac Arrest Review**

Mr. Norlen said that these reports were provided by request from the committee.

### **Provider Impression Review – 2007/2008/2009**

See above discussion.

### **Chest Pain and Administration of Aspirin**

Mr. Norlen said that in 2009 12,000 were reported and 5,500 were provided aspirin. Mr. Fisch asked for additional information. Mr. Radde asked that the information be broken down by age. Ms. Gaines asked what our next step would be in analyzing this data. Mr. Fisch said that we would review individual charts for accuracy. Ms. Gaines asked if the committee would look at charts. Mr. Radde said that you have to write the report parameters carefully to receive accurate information. Mr. Giese said that the data is good, it is how you look at the data.

### **Submission of Optional vital Signs by Data Upload Services 2009**

Mr. Norlen said that this is a report of optional data, but most services are providing this optional information. Mr. Radde questioned some information provided.

## **VIII. NEMSIS Draft Version 3.0 Data Dictionary**

Mr. Norlen said that at the national level they are suggesting moving to the 3.0 data dictionary. Anyone seeking gold compliance will need to comply with the 3.0 data dictionary requirements in the future. Mr. Norlen said that the field of data vendors will be reduced when this change takes affect. He said that there is a summary document for your information. Mr. Norlen said that this will clean up some of the data elements.

Mr. Norlen said that in 2.2.1 there are about 400 elements and version 3.0 would be increasing by 40 data elements. He said that not all these elements would be required in Minnesota. The committee will need to discuss how this transition will affect the services, what will this cost the State of Minnesota and the services.

## **IX. NEMSIS Draft Version 3.0 Dataset – Health Level Seven (HL7) Review**

Mr. Norlen said that this is something that NEMSIS and NHTSA thought was very important to include in the development of the version 3.0 dataset. This will allow sharing of data across the healthcare system. We do not want to have two different data sets for reporting. There will be a very stringent HL7 review process. Mr. Norlen said that he will report on the development of this in the future. One of the concerns is that services will be on two different data sets again which will complicate mapping issues. Mr. Norlen said that he is participating in this data review with the NASEMSO Data Managers Council.

## **X. National EMS Advisory Council**

Mr. Reinert said that a year and a half ago NHTSA formed the National EMS Advisory Council (NEMSAC). NEMSAC is made up of 25 members (EMS Leaders) from a cross the country. Mr. Reinert said that committee members were appointed for two year terms. Mr. Reinert said that he is in the data managers' position on the council. NEMSAC meets a couple of times a year in

Washington DC and more often by phone. He said that the positions will re-appointed in 2010, but this may take time. NEMSAC is advisory NHTSA-Office of EMS. Mr. Reinert said that there are a number of committees and he participates on two committees. He said that some of the noted accomplishments include a recommendation regarding payment for services readiness versus payment for service. Any federal grants to ambulance services must include NEMSIS compliant data or use the money to move to NEMSIS compliance. He said that there was a discussion that medical direction must be included. They are crafting a response to the Obama administration regarding Health Care Reform and the impact on EMS.

Mr. Reinert said that we discussed the black hole of data and he said that he would like to see data reports provided. He said that his ambulance service information was shared at a national meeting. He suggested that there needs to be more reporting at the national level and the state level.

Mr. Reinert said that he is concerned about going to NEMSIS version 3.0. Everyone would need to submit the same information and there would be delays to make these changes. He said that HL7 is good, but if you do not go through the process then you are not eligible for federal funding.

Mr. Norlen thanked Mr. Reinert for devoting time to these national issues.

**XI. MNSTAR Update to Version 4.0**

Mr. Norlen said that we are in the process of updating MNSTAR to version 4.0. He provided a handout on the changes. He said that this version change will provide improvements to quality and data entry speed and this will also provide a validation screen before uploading. The plan is to have this changed-over by the end of September and we will notify services of any downtime with the system. We will have regional training sessions with services to show the new features.

**XII. Other Business**

Mr. Reinert asked that information be provided to ambulance services on a quarterly basis in writing by mail. He said that the canned reports can be used. He said that a service level report a regional report and a statewide report should be provided. Ms. Burke Moore said this is a good idea and she will look at the costs involved in providing this data.

Mr. Norlen said that ImageTrend is working on the report writer and will have a feature that will email reports to services as requested by EMSRB staff. He said that feature may be available in 2010.

Dr. Pyles said that he will be submitting a proposal that would require review of patient specific data. He said that he has made similar requests at the University for hospital data. Ms. Burke Moore said that this may have data confidentiality issues, but would have to look into this further. Dr. Pyles and Ms. Burke Moore will discuss this further.

**XIII. Next Meeting Date**

1 p.m., November 9, 2009, EMSRB office

**XIV. Adjourn**

Mr. Radde moved to adjourn. Mr. Reinert seconded. Motion carried. Meeting adjourned at 3:55pm.